2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P01000042931

Entity Name: DIVERSIFIED CITRUS MARKETING, INC.

FILED Mar 21, 2006 Secretary of State

Current Principal Place of Business:			New Princ	New Principal Place of Business:		
300 STATE ROAD 17 SOUTH LAKE HAMILTON, FL 33851						
Current Mailing Address:			New Mailir	New Mailing Address:		
PO BOX 658 LAKE HAMILTON, FL 33851						
FEI Number: 59-3724134 FEI Number Applied For () FEI Number				icable () Certificate of Sta	tus Desired ()	
Name and Address of Current Registered Agent:			Name and	Name and Address of New Registered Agent:		
112 WALDEMAR CT SE WINTER HAVEN, FL 33884 US				SCHAAL, MARY 235 SIXTH STREET NW UNIT 604 WINTER HAVEN, FL 33881 US		
The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.						
SIGNATURE:				03/21/2006		
	Electronic	Signature of Registered Agent		Date		
Election Campaign Financing Trust Fund Contribution ().						
OFFICERS	AND DIRECT	ORS:	ADDITION	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:		
Title: Name: Address: City-St-Zip:	D ()[DUNSON, LESLII 6745 WINTERSE WINTER HAVEN,	T GARDENS RD	Title: Name: Address: City-St-Zip:	()Change ()Additio	n	
Title: Name: Address: City-St-Zip:	DST ()[WATSON, CHAR 9400 W LAKE RU WINTER HAVEN,	JBY	Title: Name: Address: City-St-Zip:	()Change ()Additio	n	
Title: Name: Address: City-St-Zip:	D ()[CALLAHAM, STE 2823 SEQUOYAH HAINES CITY, FL	HDR.	Title: Name: Address: City-St-Zip:	()Change ()Additio	n	
Title: Name: Address: City-St-Zip:	CD ()[RALEY, WILLIAN 1325 N. LAKE O' WINTER HAVEN,	ΓIS DR.	Title: Name: Address: City-St-Zip:	CD (X) Change () Additional Control () Addi	on	
Title: Name: Address: City-St-Zip:	AST ()[SCHAAL, MARY 112 WALDEMAR WINTER HAVEN,		Title: Name: Address: City-St-Zip:	AST (X) Change () Addition SCHAAL, MARY 235 SIXTH STREET NW UNIT 604 WINTER HAVEN, FL 33881	on	
Title: Name: Address: City-St-Zip:	PRES () I BOBBY, BAWCU 2710 COUNTRY WINTER HAVEN,	CLUB RD	Title: Name: Address: City-St-Zip:	()Change ()Additio	n	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: BOBBY BAWCUM PRES 03/21/2006